24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼
		C C00530766
Check if 24-hour report 48-hour report	X New report Amends report	filed on
Full Name of Payee		Date of Public Distribution/Dissemination
All Seasons Strategies, LLC		M M / D D / Y Y Y Y
Mailing Address P.O. Box 3521		02 06 2020
5 V V V V P.O. BOX 3321		Amount
City S	tate Zip Code	3439.95
	WA 99202	Transaction ID : SE.16088
Purpose of Expenditure	Outroom	Date of Disbursement or Obligation
PRINTING / TRAVEL	Category/ Type	02 / 06 / 2020
Name of Federal Candidate	🗶 Support 0	Office Sought: House District:
TRUMP, DONALD J., , ,	Oppose	🗶 President Senate State:
Calendar Year-To-Date		Disbursement For: Primary X General
Per Election for Office Sought	8962.27	2020
Full Name of Payee		Date of Public Distribution/Dissemination
All Seasons Strategies, LLC		02 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 3521		
		Amount
City	tate Zip Code	3439.95
Spokane	WA 99202	Transaction ID : SE.16089 Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M = M / D = D / Y = Y = Y
PRINTING / TRAVEL	Туре	02 06 2020
Name of Federal Candidate	x Support	Office Sought: House District:
TILLIS, THOM R. SEN., , ,	Oppose	President State: NC
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	4362.28	2020
(a) SUBTOTAL of Itemized Independent Expenditures		6879.90
(b) SUBTOTAL of Unitemized Independent Expenditures	S	>
(c) TOTAL Independent Expenditures		
(e) 10112 maspendant Expenditures		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of e	
party committee of the age	·····	
Gross, Jennifer, , ,	[Electronically Filed] Date	02 07 2020
Signature	[Electronically Filea] Date	02 07 2020

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
WOMEN SPEAK OUT PAC	C C00530766			
Check if 24-hour report 48-hour report New report Amen	ids report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination			
Delta Airlines	02 / 06 / 2020			
Mailing Address 1030 Delta Blvd	Amount			
City State Zip Code	177.40			
Atlanta GA 30354	Transaction ID : SE.16092 Date of Disbursement or Obligation			
Purpose of Expenditure TRAVEL Category/ Type	02 / 06 / 2020			
Name of Federal Candidate Sup	pport Office Sought: House District:			
TRUMP, DONALD J., , ,	pose			
Calendar Year-To-Date Per Election for Office Sought 9139.67	Disbursement For: Primary ★ General 2020 Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Delta Airlines	02			
Mailing Address 1030 Delta Blvd	Amount			
City State Zip Code	177.40			
Atlanta GA 30354	Transaction ID : SE.16093 Date of Disbursement or Obligation			
Purpose of Expenditure TRAVEL Category/ Type	02 / 06 / 2020			
Name of Federal Candidate Su	pport Office Sought: House District:			
TILLIC THOMB CEN	pose President X Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought 4539.68	Disbursement For: ✓ Primary General Other (specify) ✓			
(a) SUBTOTAL of Itemized Independent Expenditures	354.80			
(b) SUBTOTAL of Unitemized Independent Expenditures	············ >			
(c) TOTAL Independent Expenditures	······································			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gross, Jennifer, , , [Electronically Filed] Signature	Date 02 07 2020			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC	C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed on	W = M / D = D / Y = Y = Y = Y		
Full Name of Payee Date	of Public Distribution/Dissemination		
	02 06 7 2020		
Mailing Address 2800 Shirlington Rd Amou	unt		
Ste 1200			
City State Zip Code	922.32		
Date	saction ID : SE.16083 of Disbursement or Obligation		
Purpose of Expenditure MANAGEMENT CONSULTING SERVICES Category/ Type	02 06 7 2020		
Name of Federal Candidate X Support Office Sough	ht: House District:		
TRUMP, DONALD J., , ,	lent Senate State:		
Calendar Year-To-Date Disbursemer			
Per Election for Office Sought 5522.32 2020	Other (specify)		
	of Public Distribution/Dissemination		
Susan B Anthony List, Inc.	02 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2800 Shirlington Rd	unt		
Ste 1200	unt		
City State Zip Code	922.33		
	action ID : SE.16084 of Disbursement or Obligation		
Purpose of Expenditure MANAGEMENT CONSULTING SERVICES Category/ Type	02 06 7 2020		
Name of Federal Candidate X Support Office Sough	ht: House District:		
TILLIS, THOM R. SEN., , , Oppose Presid	dent Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought Disbursement 2020	nt For: Primary General Other (specify) ▶		
	Strict (specify) F		
(a) SUBTOTAL of Itemized Independent Expenditures	1844.65		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1		
(c) TOTAL Independent Expenditures	9079.35		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gross, Jennifer, , , [Electronically Filed] Date 02	07 2020		
o.g. ialaro			